

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼Example: If typing, type  
over the lines

Graves for Congress

ADDRESS (number and street)  
▼

2345 Grand, Suite 2400

☐Check if different  
than previously  
reported. (ACC)

Kansas City

MO

64108

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00359034

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

MO

6

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☒

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jean Paul Bradshaw

Signature of Treasurer

Electronically Filed by Jean Paul Bradshaw

Date

07

13

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	79331.41	742200.91
(b) Total Contribution Refunds (from Line 20(d)).....	3000.00	3000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	76331.41	739200.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	96938.94	598868.68
(b) Total Offsets to Operating Expenditures (from Line 14).....	943.21	134059.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95995.73	464808.94
8. Cash on Hand at Close of Reporting Period (from Line 27).....	333588.36	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	2644.65	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Graves for Congress

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

11525.00

341157.00

(ii) Unitemized.....

5561.00

16960.50

(iii) TOTAL of contributions

from individuals..... ▶

17086.00

358117.50

(b) Political Party Committees.....

0.00

963.00

(c) Other Political Committees  
(such as PACS).....

62245.41

383120.41

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

79331.41

742200.91

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....**

0.00

0.00

**13. LOANS**(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....**

943.21

134059.74

**15. OTHER RECEIPTS**

(Dividends, Interest, etc.).....

17.98

2127.64

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶**

80292.60

878388.29

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	96938.94	598868.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3000.00	3000.00
21. OTHER DISBURSEMENTS.....	5300.00	65615.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	105238.94	667483.68

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	358534.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	80292.60
25. SUBTOTAL (add Line 23 and Line 24).....	438827.30
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	105238.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	333588.36

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Dairy Farmers of American PAC

Mailing Address 10220 North Executive Hills Blvd.

City State Zip Code  
 Kansas City MO 64153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7476

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Ford Motor Company Civic Action Fund

Mailing Address The American Road

City State Zip Code  
 Dearborn MI 48121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 60713.C7245

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Trucking Political Action Comm. of ATA

Mailing Address 430 First Sreet, SE

City State Zip Code  
 Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7379

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Council of Farmer Co-Op PAC

Mailing Address 50 F Street NW  
Suite 900

City State Zip Code  
Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7375

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Meat Institute PAC

Mailing Address 1700 N. Moore Street  
Suite 1600

City State Zip Code  
Arlington VA 22209-1995

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7510

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Sugar Cane League PAC

Mailing Address P. O. RAWER 938

City State Zip Code  
Thibodaux LA 70302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: 60713.C7242

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Deloitte & Touche Federal PAC

Mailing Address P. O. Box 365

City

Washington

State

DC

Zip Code

20044-0365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7491

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** GlaxoSmithKline PAC

Mailing Address 1500 K St., NW #650

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7513

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** KCP&L Power PAC

Mailing Address P.O. Box 418679

City

Kansas City

State

MO

Zip Code

64141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7480

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
COALPAC

Mailing Address 1130 17th Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7372

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

BNSF Rail PAC

Mailing Address 700 13th St., NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7371

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

KCS Employees PAC

Mailing Address 114 W. 11th Street

City State Zip Code  
Kansas City MO 64105-1804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7481

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** American Hospital Association PAC

Mailing Address 325 Seventh Street NW

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7395

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Pork PAC

Mailing Address P. O. Box 10383

City State Zip Code  
 Des Moines IA 50306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7404

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Pork PAC

Mailing Address P. O. Box 10383

City State Zip Code  
 Des Moines IA 50306

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7501

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Physical Therapy PAC

Mailing Address 1111 N. Fairfax Street

City State Zip Code  
 Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7486

Amount of Each Receipt this Period

1500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

RJR Political Action Committee

Mailing Address 1201 F St. NW  
 Suite 1000

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7377

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

National Assn. of Convenience Stores PAC

Mailing Address 1600 Duke Street

City State Zip Code  
 Alexandria VA 22314-2792

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7514

Amount of Each Receipt this Period

2500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Pfizer PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 235 East 42nd Street		<b>Transaction ID:</b> 60713.C7499
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Pfizer PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 235 East 42nd Street		<b>Transaction ID:</b> 60713.C7500
City State Zip Code New York NY 10017	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Alliant Techsystems Emp. Citizenship Fun		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 1755 Jefferson Davis Highway #1207 Crystal Square 5		<b>Transaction ID:</b> 60713.C7367
City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.**

Full Name (Last, First, Middle Initial)

United Parcel Service PAC

Mailing Address 316 Pennsylvania Ave., SE  
Suite 300

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 6		0 8		2 0 0 6

Transaction ID: 60713.C7380

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

American Dental PAC

Mailing Address 1111 14th Street, NW Suite 1100

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 6		0 8		2 0 0 6

Transaction ID: 60713.C7370

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

HALLPAC

Mailing Address P.O. Box 419580  
Mail Drop No. 288

City	State	Zip Code
Kansas City	MO	64141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 6		3 0		2 0 0 6

Transaction ID: 60713.C7495

Amount of Each Receipt this Period

1500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** American Bankers Association PAC

Mailing Address 1120 Connecticut Ave. N.W.

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7369

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** American Bankers Association PAC

Mailing Address 1120 Connecticut Ave. N.W.

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7368

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Waddell & Reed Financial Inc. PAC

Mailing Address 6300 Lamar

City State Zip Code  
 Shawnee Mission KS 66202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7506

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC

Mailing Address 1299 Pennsylvania Ave. NW

City State Zip Code  
Washington DC 20004
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: 60713.C7246

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)  
Outdoor Advertising Assoc. of Am. PAC

Mailing Address 1850 M Street NW, Suite 1040

City State Zip Code  
Washington DC 20036
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: 60713.C7247

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.** Full Name (Last, First, Middle Initial)  
National Milk Prod. Federation PAC

Mailing Address 2101 Wilson Blvd., Suite 400

City State Zip Code  
Arlington VA 22201
FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7497

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Telephone Coop Assoc Education Com

Mailing Address 4121 Wilson Blvd  
10th Floor

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7403

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

CSX Corp. Good Govt Fund - Federal

Mailing Address 1331 Pennsylvania Ave NW  
Suite 560

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7398

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

American Optometric Assoc. PAC (AOA PAC)

Mailing Address 1505 Orin Street  
Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7396

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) RailPac		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 50 F. Street NW		<b>Transaction ID:</b> 60713.C7397
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Portland Cement Assn. PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 1130 Connecticut Ave, NW Suite 125		<b>Transaction ID:</b> 60713.C7376
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) DTAG PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 5330 E 31st St		<b>Transaction ID:</b> 60713.C7373
City Tulsa	State OK	Zip Code 74135
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

National Assoc. of Wheat Growers

Mailing Address 415 2nd St., NE Suite 300

City State Zip Code  
 Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7483

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Biotechnology Industry Organization

Mailing Address 1625 K St. NW, Suite 1100

City State Zip Code  
 Washington DC 20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7512

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)

Mashantucket Pequot Tribal Nation

Mailing Address 101 Constitution Ave. NW Suite 800

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7402

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Wal PAC

Mailing Address 702 SW 8th St

City	State	Zip Code
Bentonville	AR	72716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 6		3 0		2 0 0 6

Transaction ID: 60713.C7515

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)

American Motorcyclist PAC

Mailing Address 13515 Yarmouth Dr

City	State	Zip Code
Pickerington	OH	43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 4		2 7		2 0 0 6

Transaction ID: 60713.C7215

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.** Full Name (Last, First, Middle Initial)

Restore America PAC

Mailing Address PO Box 12526

City	State	Zip Code
Shawnee Mission	KS	66282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 4		2 7		2 0 0 6

Transaction ID: 60713.C7241

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) At&t Pac Mailing Address 175 E. Houston Rm. 7-A-50 City State Zip Code San Antonio TX 78205 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">5000.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              0 5 / 1 2 / 2 0 0 6           </div> <b>Transaction ID:</b> 60713.C7243 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) American Dietetic Association Mailing Address 1120 Connecticut Ave City State Zip Code Washington DC 20036 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">1000.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              0 6 / 1 9 / 2 0 0 6           </div> <b>Transaction ID:</b> 60713.C7394 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Doctors Company Federal PAC Mailing Address 185 Greenwood Road City State Zip Code Napa CA 94558 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">1000.00</div>	Date of Receipt <div style="border: 1px solid black; padding: 2px;">             M M / D D / Y Y Y Y Y              0 6 / 1 9 / 2 0 0 6           </div> <b>Transaction ID:</b> 60713.C7399 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....**7000.00****TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 76

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Illinois Central PAC Mailing Address 601 Pennsylvania Ave, NW City State Zip Code Washington DC 20004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">250.00</div>			Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 60713.C7400 Amount of Each Receipt this Period <div style="text-align: right;">250.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	9		2	0	0	6														
<b>B.</b> Full Name (Last, First, Middle Initial) The Empire District Electric Co. PAC Mailing Address PO Box 127 City State Zip Code Joplin MO 64802 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">1000.00</div>			Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 60713.C7478 Amount of Each Receipt this Period <div style="text-align: right;">1000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	0	6														
<b>C.</b> Full Name (Last, First, Middle Initial) NSSGA ROCKPAC Mailing Address 1605 King Street City State Zip Code Alexandria VA 22314 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <div style="text-align: right;">1000.00</div>			Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> <b>Transaction ID:</b> 60713.C7484 Amount of Each Receipt this Period <div style="text-align: right;">1000.00</div> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	0	6														
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			<div style="text-align: right; border: 1px solid black; padding: 5px;">2250.00</div>																				
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			<div style="text-align: right; border: 1px solid black; height: 20px;"></div>																				

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Seaboard Corporation PAC

Mailing Address PO Box 2972

City State Zip Code  
 Shawnee Mission KS 66201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7488

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Altria Group PAC

Mailing Address 101 Constitution Ave, NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7509

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Wine and Spirits Wholsalers PAC

Mailing Address 805 Fifteenth St, NW  
 Suite 430

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7516

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 76

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** AMI-PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1150 Connecticut Ave., NW; Ste. 12

City State Zip Code  
 Washington DC 20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.41

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 2 1 / 2 0 0 6

Transaction ID: 60713.C7518

Amount of Each Receipt this Period

495.41

In-Kind

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Food for breakfast event

**SUBTOTAL** of Receipts This Page (optional) .....

495.41

**TOTAL** This Period (last page this line number only) .....

62245.41

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Terrence P. Dunn

Mailing Address 12008 Ensley Llane

City State Zip Code  
 Shawnee Mission KS 66209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J.E. Dunn Construction Co.

Occupation  
President

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 3 0 / 2 0 0 6

Transaction ID: 60713.C7492

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Dr. Norman A. Smith, Jr.

Mailing Address 14005 Supreme Ct

City State Zip Code  
 Kansas City MO 64164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Dentist

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 60713.C7237

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. John J. Houlehan, Jr.

Mailing Address 6917 N.W. 76th Place

City State Zip Code  
 Kansas City MO 64152-2279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 1 / 2 0 0 6

Transaction ID: 60713.C7268

Amount of Each Receipt this Period

25.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1125.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Hal R. Sinclair Mailing Address 8609 N. Shannon Ave. City State Zip Code Kansas City MO 64153-1777 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Phoenix Scientific, Inc. Occupation Veterinary Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 9 / 2 0 0 6 <b>Transaction ID:</b> 60713.C7460 Amount of Each Receipt this Period 100.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Tom Broderick Mailing Address 6841 N. Highway 33 City State Zip Code Plattsburg MO 64477 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Farmer Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 542.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 60713.C7255 Amount of Each Receipt this Period 50.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Sandy Holley Mailing Address 704 Center St City State Zip Code Rock Port MO 64482 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Pharmacist Occupation Self Employed Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 8 / 2 0 0 6 <b>Transaction ID:</b> 60713.C7330 Amount of Each Receipt this Period 100.00 <b>Receipt</b> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 76

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. John Wallace

Mailing Address 12631 Lakeland Drive

City	State	Zip Code
Saint Joseph	MO	64506

FEC ID number of contributing federal political committee.

C

Name of Employer  
Champion Chrysler-JeepOccupation  
Auto Dealer

Receipt For: 2006

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Transaction ID: 60713.C7344

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Bernard W. Gorman

Mailing Address 907 Main Street

City	State	Zip Code
Tarkio	MO	64491

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2006

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	0	6

Transaction ID: 60713.C7470

Amount of Each Receipt this Period

300.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Robert Gunderson

Mailing Address 20789 County Rd. 306

City	State	Zip Code
Saint Joseph	MO	64505-9367

FEC ID number of contributing federal political committee.

C

Name of Employer  
Phoenix Scientific, Inc.Occupation  
Vice President, Regulatory Af

Receipt For: 2006

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Transaction ID: 60713.C7325

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Kathy Phillips

Mailing Address 15296 Hwy 135

City State Zip Code  
 Boonville MO 65233-3247

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 60713.C7231

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Jane Copsey

Mailing Address P.O. Box 112

City State Zip Code  
 Maitland MO 64466

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Hallway Telephone Co.

Occupation  
owner

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

567.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 60713.C7219

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Elsie Rhoades

Mailing Address 402 Maple St

City State Zip Code  
 Tarkio MO 64491

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 60713.C7234

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Elsie Rhoades Mailing Address 402 Maple St City Tarkio State MO Zip Code 64491 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Retired Occupation Retired Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00		Date of Receipt MM / DD / YYYY 06 / 08 / 2006 <b>Transaction ID:</b> 60713.C7339 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Jack Martin Mailing Address 17412 State HWY RA City Watson State MO Zip Code 64496 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Farmer Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2006 <b>Transaction ID:</b> 60713.C7496 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Ronnie Thompson Mailing Address PO Box 99 City Osborn State MO Zip Code 64474 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Occupation Farmer Receipt For: 2006 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 200.00		Date of Receipt MM / DD / YYYY 06 / 19 / 2006 <b>Transaction ID:</b> 60713.C7464 Amount of Each Receipt this Period 100.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) David, E. Bahner Mailing Address 3504 Colony Square City Saint Joseph State MO Zip Code 64506 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HEDFC Occupation Consultant Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 06 / 08 / 2006 <b>Transaction ID:</b> 60713.C7313 Amount of Each Receipt this Period 50.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Michael, J Beer Mailing Address 1155 21st Street, N.W., Third Floor City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Williams and Jensen Occupation Governmental Relations Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 30 / 2006 <b>Transaction ID:</b> 60713.C7511 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Allison Shulman Mailing Address 4426 S. 36th St Apt. #2 City Arlington State VA Zip Code 22206 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Alexander Strategy Group Occupation Vice President Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 08 / 2006 <b>Transaction ID:</b> 60713.C7378 Amount of Each Receipt this Period 500.00 Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)

Richard R. Meeker

Mailing Address 605 NE 70th St

City State Zip Code  
 Kansas City MO 64118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 60713.C7225

Amount of Each Receipt this Period

100.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Richard R. Meeker

Mailing Address 605 NE 70th St

City State Zip Code  
 Kansas City MO 64118

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7447

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

John P. OConnor

Mailing Address 911 Main Street, Ste. 2300

City State Zip Code  
 Kansas City MO 64105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wagstaff & Cartmell LLP

Occupation  
Attorney

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

Transaction ID: 60713.C7229

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Diane M. Major

Mailing Address 2232 Westwood Place

City State Zip Code  
 Falls Church VA 22043

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Bockorny & Petrizzo

Occupation  
Executive

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7374

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**B.** Thomas Goodpasture

Mailing Address 1050 E County Road H

City State Zip Code  
 Liberty MO 64068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 0 8 / 2 0 0 6

Transaction ID: 60713.C7385

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

**C.** Raymond Henagan

Mailing Address PO Box 35

City State Zip Code  
 Rock Port MO 64482

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self Employed

Occupation  
Farmer

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7401

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael Deggendorf  
Mailing Address 20208 NE 102nd St

City State Zip Code  
Liberty MO 64068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KCPL

Occupation  
Executive

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7477

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Greg Graves  
Mailing Address 5085 W 177th Terr

City State Zip Code  
Stilwell KS 66085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KCPL

Occupation  
Executive

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7479

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Marshall  
Mailing Address 4950 Central Street No. 207

City State Zip Code  
Kansas City MO 64112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kansas City Power & Light  
Co.

Occupation  
Vice President

Receipt For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 6

Transaction ID: 60713.C7482

Amount of Each Receipt this Period

750.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 76

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

**A.** Full Name (Last, First, Middle Initial)  
Nash Smoak & Stewar Ogletree, Deakins,

Mailing Address 918 South Pleasantburg Dr

City	State	Zip Code
Greenville	SC	29607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	6

Transaction ID: 60713.C7485

Amount of Each Receipt this Period

1000.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.** Full Name (Last, First, Middle Initial)  
P. Scott Shearer

Mailing Address 2744 Clarkes Landing Dr

City	State	Zip Code
Oakton	VA	22124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bockorny & PetrizzoOccupation  
Government Affairs

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	6

Transaction ID: 60713.C7487

Amount of Each Receipt this Period

250.00

Receipt

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

11525.00



# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 76

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial)

Community Press, Inc.

Mailing Address 1016 N. Washington

City State Zip Code  
 Chillicothe MO 64601-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

463.21

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 60713.C7517

Amount of Each Receipt this Period

463.21

Offsets to Operating Expenditure

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)

Axiom Strategies LLC

Mailing Address 1104 Wellington Way

City State Zip Code  
 Liberty MO 64068-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 2 / 2 0 0 6

Transaction ID: 60713.C7249

Amount of Each Receipt this Period

480.00

Offsets to Operating Expenditure

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

943.21

TOTAL This Period (last page this line number only) .....

943.21

# **SCHEDULE A (FEC Form 3 )** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 76

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 4136 N. Oak Traffic Way

City State Zip Code  
 Kansas City MO 64116-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2116.71

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7473

Amount of Each Receipt this Period

7.05

Interest Received

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 4136 N. Oak Traffic Way

City State Zip Code  
 Kansas City MO 64116-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2123.97

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 9 / 2 0 0 6

Transaction ID: 60713.C7474

Amount of Each Receipt this Period

7.26

Interest Received

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address 4136 N. Oak Traffic Way

City State Zip Code  
 Kansas City MO 64116-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2127.64

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 1 / 2 0 0 6

Transaction ID: 60713.C7475

Amount of Each Receipt this Period

3.67

Interest Received

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

17.98

TOTAL This Period (last page this line number only) .....

17.98

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 35 / 76

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Nova Information Systems**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2491

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)

## **B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2381

Date of Disbursement

05 / 02 / 2006

Amount of Each Disbursement this Period

782.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **C. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2387

Date of Disbursement

03 / 12 / 2006

Amount of Each Disbursement this Period

13.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

**SUBTOTAL** of Disbursements This Page (optional) .....

812.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Hy-Vee Foods**

Mailing Address 1332 H 152 Highway

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2385

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.78

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Office Depot**

Mailing Address 8501 North Evanston Avenue

City State Zip Code  
 Kansas City MO 64157-

Purpose of Disbursement  
 OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2386

Date of Disbursement

/   /

Amount of Each Disbursement this Period

108.75

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Price Chopper**

Mailing Address 896 S. 291 Highway

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2383

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.52

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 / 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Price Chopper**

Mailing Address 896 S. 291 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
CLEANING SUPPLIES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2390

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Amount of Each Disbursement this Period

14.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

Full Name (Last, First, Middle Initial)

**B. Quik Trip #151**

Mailing Address 655 South 291 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
GAS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2384

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	6

Amount of Each Disbursement this Period

26.53

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: GAS

Full Name (Last, First, Middle Initial)

**C. Quik Trip #151**

Mailing Address 655 South 291 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
GAS

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2389

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	6

Amount of Each Disbursement this Period

7.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. The Broiler**

Mailing Address 6626 Mexico Road

City State Zip Code  
 Saint Peters MO 63376-

Purpose of Disbursement  
 DINNER WITH DONOR

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2393

Date of Disbursement

/   /

Amount of Each Disbursement this Period

201.77

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DINNER WITH DONOR

Full Name (Last, First, Middle Initial)

## **B. USPS-Liberty**

Mailing Address 1000 Progress Dr

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2397

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

## **C. USPS-NKC**

Mailing Address 820 Armour Rd

City State Zip Code  
 Kansas City MO 64116-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2396

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. USPS-NKC**

Mailing Address 820 Armour Rd

City Kansas City State MO Zip Code 64116-

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2382

Date of Disbursement

03 / 08 / 2006

Amount of Each Disbursement this Period

117.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

## **B. Southwestern Bell Telephone Company**

Mailing Address P.O. Box 940012

City Dallas State TX Zip Code 75394-

Purpose of Disbursement  
OFFICE PHONE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2469

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

614.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

OFFICE PHONE EXPENSE

Full Name (Last, First, Middle Initial)

## **C. AMI-PAC**

Mailing Address 1150 Connecticut Ave., NW; Ste. 12

City Washington State DC Zip Code 20036-

Purpose of Disbursement  
FOOD FOR BREAKFAST EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.C7518IK

Date of Disbursement

06 / 21 / 2006

Amount of Each Disbursement this Period

495.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

IN KIND: FOOD FOR BREAKFAST EVENT

**SUBTOTAL** of Disbursements This Page (optional) .....

1109.47

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City  
Chillicothe

State  
MO

Zip Code  
64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2501

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Kurtz Rural Aviation

Mailing Address 130 Airport Lane

City  
Mound City

State  
MO

Zip Code  
64470-

Purpose of Disbursement  
TRAVEL - AVIATION FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

37.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL - AVIATION FUEL

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2498

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

2068.20

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City State Zip Code  
 Kansas City MO 64106-

Purpose of Disbursement  
 CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2437

Date of Disbursement

/   /

Amount of Each Disbursement this Period

641.11

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **B. Aladin Storage**

Mailing Address 701 North 291 Highway

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 STORAGE RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2447

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.43

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: STORAGE RENTAL

Full Name (Last, First, Middle Initial)

## **C. Aladin Storage**

Mailing Address 701 North 291 Highway

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 STORAGE RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2448

Date of Disbursement

/   /

Amount of Each Disbursement this Period

85.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: STORAGE RENTAL

**SUBTOTAL** of Disbursements This Page (optional) .....

641.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2439

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2438

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.91

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **C. Federal Express Shipping**

Mailing Address PO Box 94515

City Palatine State IL Zip Code 60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2446

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Graves for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Kansas City Star		<b>Transaction ID:</b> 60713.E2445 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 7 / 2 0 0 6</div> </div>
Mailing Address 1729 Grand		<b>Amount of Each Disbursement this Period</b> <div>106.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: SUBSCRIPTION
City Kansas City State MO Zip Code 64108-		
Purpose of Disbursement SUBSCRIPTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Office Depot		<b>Transaction ID:</b> 60713.E2443 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 4 / 2 0 0 6</div> </div>
Mailing Address 8501 North Evanston Avenue		<b>Amount of Each Disbursement this Period</b> <div>1.01</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLY
City Kansas City State MO Zip Code 64157-		
Purpose of Disbursement OFFICE SUPPLY		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Office Depot		<b>Transaction ID:</b> 60713.E2442 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 3 / 2 0 0 6</div> </div>
Mailing Address 8501 North Evanston Avenue		<b>Amount of Each Disbursement this Period</b> <div>181.77</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
City Kansas City State MO Zip Code 64157-		
Purpose of Disbursement OFFICE SUPPLIES		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Party America**

Mailing Address 8450 North Church Road

City Kansas City State MO Zip Code 64158-

Purpose of Disbursement  
REFUND ON SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2441

Date of Disbursement

04 / 10 / 2006

Amount of Each Disbursement this Period

-82.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: REFUND ON SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Price Chopper**

Mailing Address 896 S. 291 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2444

Date of Disbursement

04 / 13 / 2006

Amount of Each Disbursement this Period

9.96

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2453

Date of Disbursement

05 / 07 / 2006

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City State Zip Code  
 Kansas City MO 64106-

Purpose of Disbursement  
 BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

19.56

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

Full Name (Last, First, Middle Initial)

## **B. USPS-Liberty**

Mailing Address 1000 Progress Dr

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2440

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.65

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

## **C. Casualty Co. Travelers Commercial**

Mailing Address P.O. Box 98856

City State Zip Code  
 Chicago IL 60693-8856

Purpose of Disbursement  
 WORK COMP. INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1710.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

WORK COMP. INSURANCE

**SUBTOTAL** of Disbursements This Page (optional) .....

1710.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Sarah N. Bowles

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2504

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2493

Date of Disbursement

/   /

Amount of Each Disbursement this Period

74.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

5374.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2427

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

1496.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Club**

Mailing Address 300 1st Street, S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
FUNDRAISING EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2428

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

815.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: FUNDRAISING EXPENSE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyne**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2433

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

1496.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2430

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

230.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2431

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2432

Date of Disbursement

05 / 01 / 2006

Amount of Each Disbursement this Period

159.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** U.S. House of Representatives

Mailing Address U.S. Capitol

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
CONSTITUENT GIFT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2434

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CONSTITUENT GIFT

Full Name (Last, First, Middle Initial)

**B.** UMB Visa

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2435

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

Full Name (Last, First, Middle Initial)

**C.** UMB Visa

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: BANK CHARGE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. The Lukens Company**

Mailing Address 2800 Shirlington Road

City  
Arlington

State  
VA

Zip Code  
22202-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2477

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4377.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

Full Name (Last, First, Middle Initial)

## **B. David P. Williams**

Mailing Address 1554 Canterbury Lane

City  
Liberty

State  
MO

Zip Code  
64068-

Purpose of Disbursement  
CAMPAIGN OFFICE RENT/UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2475

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3175.47

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CAMPAIGN OFFICE RENT/UTILITIES

Full Name (Last, First, Middle Initial)

## **C. Sarah N. Bowles**

Mailing Address 10231 N. Cherry Dr.

City  
Kansas City

State  
MO

Zip Code  
64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2503

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

10052.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Lathrop & Gage, LLC.

Mailing Address 2345 Grand Blvd

City State Zip Code  
 Kansas City MO 64108-2684

Purpose of Disbursement  
 POSTAGE LONG-DISTANCE COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2467

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

351.10

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

POSTAGE LONG-DISTANCE COP-  
 IES

Full Name (Last, First, Middle Initial)

**B.** Axiom Strategies LLC

Mailing Address 1104 Wellington Way

City State Zip Code  
 Liberty MO 64068-

Purpose of Disbursement  
 CONSULTING/FUNDRAISING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2470

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CONSULTING/FUNDRAISING

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City State Zip Code  
 San Dimas CA 91773-

Purpose of Disbursement  
 PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2497

Date of Disbursement

06 / 07 / 2006

Amount of Each Disbursement this Period

72.46

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

10423.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Lathrop & Gage, LLC.

Mailing Address 2345 Grand Blvd

City Kansas City State MO Zip Code 64108-2684

Purpose of Disbursement  
POSTAGE LONG-DISTANCE COPIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2466

Date of Disbursement

04 / 01 / 2006

Amount of Each Disbursement this Period

134.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POSTAGE LONG-DISTANCE COP-  
IES

Full Name (Last, First, Middle Initial)

**B.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2506

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2511

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

5134.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Bluffs Catering Co**

Mailing Address 17644 U.S. Highway 136

City State Zip Code  
 Rock Port MO 64482-

Purpose of Disbursement  
 EVENTS CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2482

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

422.95

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

EVENTS CATERING

Full Name (Last, First, Middle Initial)

## **B. The Catalyst Group**

Mailing Address 1115 Massachusetts Ave, NW Lower L

City State Zip Code  
 Washington DC 20005-

Purpose of Disbursement  
 CONSULTING/FUNDRAISING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2489

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

818.34

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CONSULTING/FUNDRAISING

Full Name (Last, First, Middle Initial)

## **C. Shughart Thomson and Kilroy, P.C.**

Mailing Address 3101 Frederick Ave.

City State Zip Code  
 Saint Joseph MO 64506-

Purpose of Disbursement  
 SHIPPING/OVERNIGHT MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2472

Date of Disbursement

06 / 01 / 2006

Amount of Each Disbursement this Period

23.57

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SHIPPING/OVERNIGHT MAIL

**SUBTOTAL** of Disbursements This Page (optional) .....

1264.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Shawn Graybill

Mailing Address 4443 NE 83rd Terr

City Kansas City State MO Zip Code 64119-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2505

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**B.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

**C.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

2556.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Axiom Strategies LLC

Mailing Address 1104 Wellington Way

City State Zip Code  
Liberty MO 64068-

Purpose of Disbursement  
POLITICAL CONSULTING FIRM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

POLITICAL CONSULTING FIRM

Full Name (Last, First, Middle Initial)

**B.** Express Flight, Inc.

Mailing Address P.O. Box 3262, Station A

City State Zip Code  
Saint Joseph MO 64503-

Purpose of Disbursement  
TRAVEL - AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2516

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1177.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL - AIRFARE

Full Name (Last, First, Middle Initial)

**C.** The National Golf Club

Mailing Address 10316 Tom Watson Parkway

City State Zip Code  
Kansas City MO 64152-

Purpose of Disbursement  
EVENTS DEPOSIT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2480

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

EVENTS DEPOSIT

**SUBTOTAL** of Disbursements This Page (optional) .....

13177.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. The Mail Haus**

Mailing Address 1709 Surburban Dr.

City State Zip Code  
De Pere WI 54115-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2473

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

5666.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Club**

Mailing Address 300 1st Street, S.E.

City State Zip Code  
Washington DC 20003-

Purpose of Disbursement  
EVENTS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2488

Date of Disbursement

06 / 12 / 2006

Amount of Each Disbursement this Period

28.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

EVENTS

Full Name (Last, First, Middle Initial)

## **C. Julie, T. Becker**

Mailing Address 4734 Oak Street, Apt. 1216

City State Zip Code  
Kansas City MO 64108-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2512

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

**SUBTOTAL** of Disbursements This Page (optional) .....

8345.14

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Southwestern Bell Telephone Company**

Mailing Address P.O. Box 940012

City Dallas State TX Zip Code 75394-

Purpose of Disbursement  
OFFICE PHONE EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2468

Date of Disbursement

/   /

Amount of Each Disbursement this Period

769.32

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

OFFICE PHONE EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Kurtz Rural Aviation**

Mailing Address 130 Airport Lane

City Mound City State MO Zip Code 64470-

Purpose of Disbursement  
TRAVEL - AVIATION FUEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

137.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL - AVIATION FUEL

Full Name (Last, First, Middle Initial)

## **C. The Lukens Company**

Mailing Address 2800 Shirlington Road

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

99.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

**SUBTOTAL** of Disbursements This Page (optional) .....

1005.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Automatic Data Processing, Inc.

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2495

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PROCESSING FEE

Full Name (Last, First, Middle Initial)

**B.** Shawna M. Pauley

Mailing Address 1126 Elm Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

**C.** The Lukens Company

Mailing Address 2800 Shirlington Road

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2478

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4183.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

**SUBTOTAL** of Disbursements This Page (optional) .....

6913.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. The Catalyst Group**

Mailing Address 1115 Massachusetts Ave, NW Lower L

City Washington State DC Zip Code 20005-

Purpose of Disbursement  
CONSULTING/FUNDRAISING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2483

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CONSULTING/FUNDRAISING

Full Name (Last, First, Middle Initial)

## **B. Sarah N. Bowles**

Mailing Address 10231 N. Cherry Dr.

City Kansas City State MO Zip Code 64155-

Purpose of Disbursement  
SALARY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2510

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

2650.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SALARY

Full Name (Last, First, Middle Initial)

## **C. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
EMPLOYER PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2513

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

876.22

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

EMPLOYER PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

6026.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City  
San Dimas

State  
CA

Zip Code  
91773-

Purpose of Disbursement  
PAYROLL EXPENSE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

684.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

## **B. Capitol Hill Club**

Mailing Address 300 1st Street, S.E.

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2515

Date of Disbursement

/   /

Amount of Each Disbursement this Period

815.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

EVENT

Full Name (Last, First, Middle Initial)

## **C. Campaign Impact**

Mailing Address 1419 37th St. NW #225

City  
Washington

State  
DC

Zip Code  
20007-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2476

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12717.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

**SUBTOTAL** of Disbursements This Page (optional) .....

14217.41

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A. Nova Information Systems**

Mailing Address 7300 Chapman Highway

City Knoxville State TN Zip Code 37920-

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2490

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	6

Amount of Each Disbursement this Period

30.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD PROCESSING FEE

Full Name (Last, First, Middle Initial)

**B. Automatic Data Processing, Inc.**

Mailing Address 400 W. Covina Blvd.

City San Dimas State CA Zip Code 91773-

Purpose of Disbursement  
PAYROLL EXPENSE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2500

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	6

Amount of Each Disbursement this Period

688.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PAYROLL EXPENSE

Full Name (Last, First, Middle Initial)

**C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2398

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	3	/	2	0	0	6

Amount of Each Disbursement this Period

608.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

SUBTOTAL of Disbursements This Page (optional) .....

1326.63

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Capitol Hill Club**

Mailing Address 300 1st Street, S.E.

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
GIFT FOR CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2409

Date of Disbursement

/   /

Amount of Each Disbursement this Period

28.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GIFT FOR CONSTITUENT

Full Name (Last, First, Middle Initial)

## **B. Dubliner Restaurant**

Mailing Address 520 N Capitol St, NW

City  
Washington

State  
DC

Zip Code  
20001-

Purpose of Disbursement  
ENTERTAIN CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2410

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47.19

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: ENTERTAIN CONSTITUTE-  
NT

Full Name (Last, First, Middle Initial)

## **C. Dubliner Restaurant**

Mailing Address 520 N Capitol St, NW

City  
Washington

State  
DC

Zip Code  
20001-

Purpose of Disbursement  
ENTERTAIN CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2411

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: ENTERTAIN CONSTITUTE-  
NT

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2403

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

385.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2400

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

254.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2401

Date of Disbursement

05 / 12 / 2006

Amount of Each Disbursement this Period

-230.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2407

Date of Disbursement

05 / 21 / 2006

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2405

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2404

Date of Disbursement

05 / 18 / 2006

Amount of Each Disbursement this Period

-254.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON AIRFARE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
CREDIT ON AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2408

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-159.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON AIRFARE

Full Name (Last, First, Middle Initial)

## **B. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2406

Date of Disbursement

/   /

Amount of Each Disbursement this Period

159.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AIRFARE

Full Name (Last, First, Middle Initial)

## **C. Travel Tyme**

Mailing Address 1904 Clay Street

City Chillicothe State MO Zip Code 64601-

Purpose of Disbursement  
AGENT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2402

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: AGENT FEE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** U.S. House of Representatives

Mailing Address U.S. Capitol

City  
Washington

State  
DC

Zip Code  
20515-

Purpose of Disbursement  
CONSTITUENT GIFT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2399

Date of Disbursement

/   /

Amount of Each Disbursement this Period

212.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CONSTITUENT GIFT

Full Name (Last, First, Middle Initial)

**B.** UMB Visa

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2413

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1060.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

Full Name (Last, First, Middle Initial)

**C.** Aladin Storage

Mailing Address 701 North 291 Highway

City  
Liberty

State  
MO

Zip Code  
64068-

Purpose of Disbursement  
STORAGE RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2425

Date of Disbursement

/   /

Amount of Each Disbursement this Period

170.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: STORAGE RENTAL

**SUBTOTAL** of Disbursements This Page (optional) .....

1060.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Federal Express Shipping**

Mailing Address PO Box 94515

City  
Palatine

State  
IL

Zip Code  
60094-

Purpose of Disbursement  
SHIPPING CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2423

Date of Disbursement

/   /

Amount of Each Disbursement this Period

17.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: SHIPPING CHARGES

Full Name (Last, First, Middle Initial)

## **B. Liberty Community Center**

Mailing Address 1600 S. Withers Rd

City  
Liberty

State  
MO

Zip Code  
64068-

Purpose of Disbursement  
GRAVES FOR CONGRESS SOFTBALL TEAM

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2419

Date of Disbursement

/   /

Amount of Each Disbursement this Period

440.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: GRAVES FOR CONGRESS  
SOFTBALL TEAM

Full Name (Last, First, Middle Initial)

## **C. Office Depot**

Mailing Address 8501 North Evanston Avenue

City  
Kansas City

State  
MO

Zip Code  
64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2417

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.72

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Office Depot**

Mailing Address 8501 North Evanston Avenue

City Kansas City State MO Zip Code 64157-

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2416

Date of Disbursement

05 / 15 / 2006

Amount of Each Disbursement this Period

7.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)

## **B. Price Chopper**

Mailing Address 896 S. 291 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2414

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

17.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

Full Name (Last, First, Middle Initial)

## **C. Price Chopper**

Mailing Address 896 S. 291 Highway

City Liberty State MO Zip Code 64068-

Purpose of Disbursement  
CLEANING SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2415

Date of Disbursement

05 / 22 / 2006

Amount of Each Disbursement this Period

27.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CLEANING SUPPLIES

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** USPS-NKC

Mailing Address 820 Armour Rd

City State Zip Code  
 Kansas City MO 64116-

Purpose of Disbursement  
 POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2420

Date of Disbursement

/   /

Amount of Each Disbursement this Period

80.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: POSTAGE

Full Name (Last, First, Middle Initial)

**B.** Shughart Thomson and Kilroy, P.C.

Mailing Address 3101 Frederick Ave.

City State Zip Code  
 Saint Joseph MO 64506-

Purpose of Disbursement  
 SHIPPING/OVERNIGHT MAIL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2471

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.58

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

SHIPPING/OVERNIGHT MAIL

Full Name (Last, First, Middle Initial)

**C.** UMB Visa

Mailing Address 1010 Grand Blvd.

City State Zip Code  
 Kansas City MO 64106-

Purpose of Disbursement  
 CREDIT CARD: SEE BELOW

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 60713.E2455

Date of Disbursement

/   /

Amount of Each Disbursement this Period

277.66

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

**SUBTOTAL** of Disbursements This Page (optional) .....

312.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Bullfeathers of Captial Hill**

Mailing Address 410 1st St SE 1

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
DINNER W/ CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2464

Date of Disbursement

/   /

Amount of Each Disbursement this Period

67.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DINNER W/ CONSTITUE-  
NT

Full Name (Last, First, Middle Initial)

## **B. Bullfeathers of Captial Hill**

Mailing Address 410 1st St SE 1

City  
Washington

State  
DC

Zip Code  
20003-

Purpose of Disbursement  
DINNER W/ CONSTITUENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2465

Date of Disbursement

/   /

Amount of Each Disbursement this Period

118.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DINNER W/ CONSTITUE-  
NT

Full Name (Last, First, Middle Initial)

## **C. Oceanaire Seafood Room**

Mailing Address 1201 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-

Purpose of Disbursement  
DONOR MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2460

Date of Disbursement

/   /

Amount of Each Disbursement this Period

68.67

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DONOR MEETING

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. Oceanaire Seafood Room**

Mailing Address 1201 F Street, NW

City  
Washington

State  
DC

Zip Code  
20004-

Purpose of Disbursement  
DONOR MEETING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2461

Date of Disbursement

/   /

Amount of Each Disbursement this Period

137.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: DONOR MEETING

Full Name (Last, First, Middle Initial)

## **B. UMB Visa**

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
CREDIT ON BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2457

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON BANK CHAR-  
GE

Full Name (Last, First, Middle Initial)

## **C. UMB Visa**

Mailing Address 1010 Grand Blvd.

City  
Kansas City

State  
MO

Zip Code  
64106-

Purpose of Disbursement  
CREDIT ON BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2456

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-18.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON BANK CHAR-  
GE

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT ON BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2458

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-18.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON BANK CHARGE

Full Name (Last, First, Middle Initial)

**B.** UMB Visa

Mailing Address 1010 Grand Blvd.

City Kansas City State MO Zip Code 64106-

Purpose of Disbursement  
CREDIT ON BANK CHARGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2459

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-39.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

MEMO: CREDIT ON BANK CHARGE

Full Name (Last, First, Middle Initial)

**C.** The Lukens Company

Mailing Address 2800 Shirlington Road

City Arlington State VA Zip Code 22202-

Purpose of Disbursement  
MAILING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2479

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1909.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

MAILING

**SUBTOTAL** of Disbursements This Page (optional) .....

1909.69

**TOTAL** This Period (last page this line number only) .....

96938.94



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

**A.** Knight for Presiding Commissioner

Mailing Address PO Box 1188

City  
Platte CityState  
MOZip Code  
64079-Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2487

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	6

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Campaign Contribution

Full Name (Last, First, Middle Initial)

**B.** Romp III2006

Mailing Address 104 Hume Ave

City  
AlexandriaState  
VAZip Code  
22301-Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 60713.E2484

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	0	6

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

5300.00

TOTAL This Period (last page this line number only) .....

5300.00

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☒ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

## **A. American Council of Engineers Co.s PAC**

Mailing Address 1015 15th Street NW  
Suite 802

City Washington State DC Zip Code 20005-

Purpose of Disbursement

Refund of Contribution

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2514

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

## **B. General Electric Company PAC**

Mailing Address 1299 Pennsylvania Ave. NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement

Refund of Contribution Refund of Contrib

Candidate Name

010  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 60713.E2507

Date of Disbursement

04 / 21 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

3000.00

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Graves for Congress**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Boyles Motors, Inc.Nature of Debt (Purpose):  
Vehicle Lease

Mailing Address 204 N. Market Street

City State ZIP Code  
Maryville MO 64468-

Outstanding Balance Beginning This Period

500.00

Transaction ID: LS60713.E42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Kwrt-am/kwrt-fmNature of Debt (Purpose):  
Radio Advertising

Mailing Address 1600 Radio Hill Road

City State ZIP Code  
Boonville MO 65233-

Outstanding Balance Beginning This Period

857.65

Transaction ID: LS60713.E45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.65

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Willard DowdenNature of Debt (Purpose):  
Rent for Nodaway Co. Repu-  
bican Com

Mailing Address Route 1, Box 116

City State ZIP Code  
Burlington Junction MO 64428-

Outstanding Balance Beginning This Period

200.00

Transaction ID: LS60713.E46

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

**1) SUBTOTALS** This Period This Page (optional).....

1557.65

**2) TOTALS** This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3 )****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Graves for Congress

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Missouri Right to Life PAC

Nature of Debt (Purpose):  
Membership Labels

Mailing Address P.O. Box 651

City State ZIP Code  
Jefferson City MO 65102-

Outstanding Balance Beginning This Period

1087.00

Transaction ID: LS60713.E49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

1087.00

2) **TOTALS** This Period (last page this line number only)..... ▶

2644.65

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶